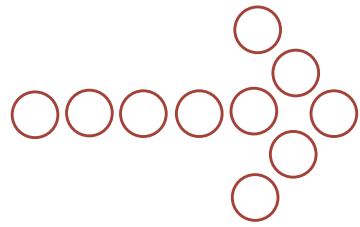# ForwardHealth

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ForwardHealth
Portal Fundamentals
Module 2 — Member Enrollment Verification

Agenda

- Member Enrollment Verification.
- Searching Enrollment Verification History.
- Reviewing the BadgerCare Plus Covered Services Comparison Chart.
- Enrollment Verification User Guide:
  - Reviewing the ForwardHealth Benefit Plans Chart.
- Provider Resources.
- Communications
- Questions.

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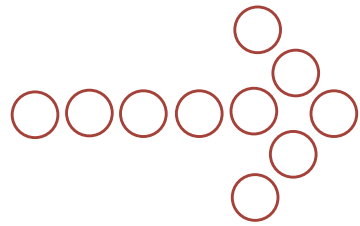
Member Enrollment Verification

- Member enrollment information is available via the Enrollment page of your organization's secure provider Portal account.
- One of the following combinations of information is required along with the to and from date of service:
  - Member identification number.
  - Social Security number (SSN) and date of birth.
  - Member first/last name and date of birth.
- For best results, enter the minimum amount of required information.
- The verification tracking number for the enrollment verification inquiry is displayed in a yellow box along with the search results. Providers should keep a record of this number as proof of the inquiry.
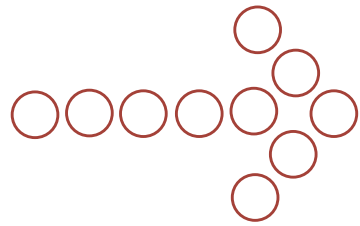
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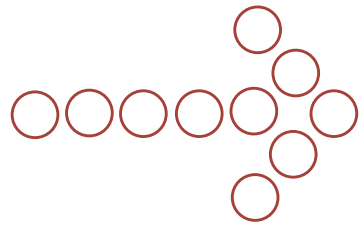
Member Enrollment Verification (Cont.)

- The Benefit Plan panel shows the financial payer under which the benefit plan is covered, the specific benefit plan in which the member is enrolled, and the effective date and end date of enrollment.

- Providers can see the following month's enrollment around the 20th of the current month.

- When verifying enrollment in Medicaid or Wisconsin Chronic Disease Program (WCDP), providers can see the following month's enrollment around the 20th of the month as well as any 365 day span of history.

- When verifying enrollment in the Wisconsin Well Woman Program (WWWP), providers can see back 365 days and forward 365 days from today's date only.

- ADAP Providers can verify enrollment via the Portal, by submitting a claim to ADAP, or by calling ADAP directly.

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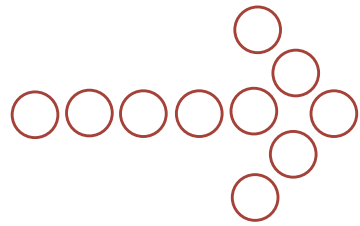
Member Enrollment Verification (Cont.)

- The terms "Effective Date" and "End Date" can be misleading if the user is not aware of what information he or she has requested.

- If your inquiry cannot be processed with the information entered, a message will display stating why the inquiry failed.

- If the member is not eligible for services during the time period indicated in the To and From Date of Service field, "***No rows found***" will display in the Benefit Plan panel.

- If you are certain the member for whom you are performing the inquiry is eligible for benefits but cannot locate the enrollment record, check to make sure that you are logged in under the correct Payer account. You may also try changing your search parameters.

- If the enrollment verification results reflect that the member is eligible under more than one benefit plan, providers should consider the most comprehensive benefit plan for purposes of copayment and services allowed. This also includes limited benefit plans.

- As always, providers are strongly encouraged to check enrollment on the date of service (DOS) prior to providing services to the member.

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Enrollment Verification (Cont.)

- In addition to the Benefit Plan segment, the Portal will display the following information in subsequent segments, if available and as appropriate:

  - If the member has Medicare coverage, the type of coverage and coverage start and end dates will display in the Medicare panel.

  - The Managed Care Enrollment panel will be displayed if the member is enrolled in a BadgerCare Plus or Medicaid Supplemental Security Income (SSI) or Long Term Care managed care plan during the period covered by the enrollment verification inquiry.

  - The Other Commercial Health Insurance panel displays any other commercial health coverage the member has for the DOS entered. (Note: In cases where members do not have current enrollment in at least one full or limited benefit plan but do have other insurance, the Other Commercial Health Insurance panel will not be displayed under the Search Results.)

  - The Patient Liability panel displays the amount that the member must pay monthly toward the cost of institutional care and the effective and end dates for that liability amount. The benefit plan group represents a single or collection of benefit plan codes.

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Required fields are indicated with an asterisk (*).

- View the Enrollment Verification User Guide

- One of the following is required:
    o Member ID
    o Social Security Number and Date of Birth
    o Member First/Last Name and Date of Birth

Member ID			
Last Name	Standard	First Name	Sali
Social Security Number		Date of Birth	07/14/1999
From Date of Service*	01/01/2012	To Date of Service*	09/30/2012

Search Enrollment Verification History

For your reference, the enrollment verification tracking number 122770000C verifies the enrollment information below only for the following time frame of 01/01/2012 through 09/30/2012.

Benefit Plan

*** No rows found ***

Enrollment

Enrollment Verification

Required fields are indicated with an asterisk (*).

- View the Enrollment Verification User Guide

- One of the following is required:
  - Member ID
  - Social Security Number and Date of Birth
  - Member First/Last Name and Date of Birth

Member ID	2110561220		
Last Name		First Name	
Social Security Number		Date of Birth	
From Date of Service*	10/03/2012	To Date of Service*	10/31/2012

Search Enrollment Verification History

For your reference, the enrollment verification tracking number 1227700001 verifies the enrollment information below only for the following time frame of 10/03/2012 through 10/31/2012.

Search Results

Member Information

Member ID	2110561220	Name	BETTY K BASIC
Date of Birth	08/15/1992	County	Dane
Medicare ID		Address	DO NOT USE/CHANGE SUN PRAIRIE WI, 53590

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
WWWP	Wisconsin Well Woman Program	10/03/2012	10/31/2012

Non-Emergency Transportation Services Enrollment

Provider Name	Effective Date	End Date
LOGISTICARE SOLUTIONS LLC	10/03/2012	10/31/2012

For your reference, the enrollment verification tracking number 1227700009 verifies the enrollment information below only for the following time frame of 09/01/2012 through 09/30/2012.

Search Results

Member Information

Member ID	8110569889	Name	BILLY BENCHMARK
Date of Birth	02/02/2008	County	Dane
Medicare ID		Address	DO NOT USE/CHANGE MADISON WI, 53517

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	BC+ Benchmark Plan and Dental (No Copay)	09/01/2012	09/30/2012

Managed Care Enrollment

Provider Name	Telephone Number	Effective Date	End Date
GROUP HEALTHCOOP SC WI (Chiropractic)	(608)257-9700	09/01/2012	09/30/2012

Lockin

Category of Service	Effective Date	End Date	Provider Name	Provider Phone	Referral
Lockin Minor Tranquilizers	09/01/2012	09/30/2012	DEAN PHARMACY	(608)241-6569	
Lockin Primary Provider	09/01/2012	09/30/2012	TRAINING PHYS CLINIC	(555)555-5555	

Other Commercial Health Insurance

Group Number		**Carrier Name**	AMERICAN FAMILY INSURANCE GRP
Policy Number	123456	**Carrier Telephone**	(608)249-2111
Policy Holder	BILLY BENCHMARK (CHILD)	**Effective Date**	09/01/2012
PH Date Of Birth	02/02/2008	**End Date**	09/30/2012
PH Address	DO NOT USE/CHANGE MADISON, WI 53517	**Coverage Code**	MAJOR MED

Non-Emergency Transportation Services Enrollment

Provider Name	Effective Date	End Date
LOGISTICARE SOLUTIONS LLC	09/01/2012	09/30/2012

From Date of Service* 08/01/2010   To Date of Service* 12/31/2010

Search Enrollment Verification History

For your reference, the enrollment verification tracking number 1227700006 verifies the enrollment information below only for the following time frame of 08/01/2010 through 12/31/2010.

Search Results

Member Information

Member ID	2110561220	Name	BETTY K BASIC
Date of Birth	08/15/1992	County	Dane
Medicare ID		Address	DO NOT USE/CHANGE SUN PRAIRIE WI, 53590

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid for Foster Care (No Copay)	08/01/2010	08/31/2010
MEDICAID	Family Planning Services Only	10/01/2010	12/31/2010
MEDICAID	BadgerCare Plus Basic Plan	10/01/2010	12/31/2010

Deductible

Payer	Benefit Plan	Services	Current Balance	Effective Date	End Date
Medicaid	BCP Basic	Overall	$7,500.00	10/01/2010	09/30/2011

Search Enrollment Verification History

For your reference, the enrollment verification tracking number 1227700007 verifies the enrollment information below only for the following time frame of 08/01/2012 through 10/31/2012.

Search Results

Member Information

Member ID	9010002128	Name	FRANK FAMILY CARE
Date of Birth	07/14/1938	County	Fond du Lac
Medicare ID	963963963A	Address	DO NOT USE/CHANGE FOND DU LAC WI, 54935

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid Purchase Plan	08/01/2012	10/31/2012
MEDICAID	Family Care Non-MA	08/01/2012	10/31/2012

Managed Care Enrollment

Provider Name	Telephone Number	Effective Date	End Date
FOND DU LAC COUNTY CMO	(920)906-5100	08/01/2012	10/31/2012

Medicare

Coverage	Medicare Coverage Start Date	Medicare Coverage End Date
Medicare Part A	08/01/2012	10/31/2012
Medicare Part B	08/01/2012	10/31/2012

For your reference, the enrollment verification tracking number 1227700008 verifies the enrollment information below only for the following time frame of 01/15/2011 through 12/31/2011.

Search Results

Member Information

Member ID	1110560117	Name	MARY R MEDICAID
Date of Birth	10/01/1938	County	Trempealeau
Medicare ID	391322563A	Address	DO NOT USE/CHANGE OSSEO WI, 54758

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid (HPSA Recipient)	01/15/2011	12/31/2011
MEDICAID	Specified Low-income Medicare Beneficiary (HPSA Recipient)	01/15/2011	12/31/2011

Medicare

Coverage	Medicare Coverage Start Date	Medicare Coverage End Date
Medicare Part A	01/15/2011	12/31/2011
Medicare Part B	01/15/2011	12/31/2011

Patient Liability

Benefit Plan Group	Liability Amount	Effective Date	End Date
MEDICAID COST SHARE	$250.00	01/01/2011	12/31/2299

Nursing Home Level Of Care

Code	Description	Provider Id	Effective Date	End Date
ICF2	0192 - Intensive Care Facility - Level 2	1528093903	01/01/2011	12/31/2299

Other Commercial Health Insurance

Group Number		**Carrier Name**	HUMANA (M+C)
Policy Number	MB12459	**Carrier Telephone**	(800)448-6262
Policy Holder	MARY MEDICAID (SELF)	**Effective Date**	01/15/2011
PH Date Of Birth	10/01/1938	**End Date**	12/31/2011
PH Address	DO NOT USE/CHANGE OSSEO, WI 54758	**Coverage Code**	MEDICARE MANAGED CARE PLUS CHOICE

For your reference, the enrollment verification tracking number 122770000B verifies the enrollment information below only for the following time frame of 01/01/2012 through 09/30/2012.

Search Results

Member Information

Member ID	4110657741	Name	SALLY S STANDARD
Date of Birth	07/14/1999	County	Dane
Medicare ID		Address	DO NOT USE/CHANGE COTTAGE GROVE WI, 53527

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	BC+ Standard Plan (No Copay)	01/01/2012	09/30/2012

Lockin

Category of Service	Effective Date	End Date	Provider Name	Provider Phone	Referral
Hospice	07/01/2012	09/30/2012	HOSPICE TRAINING	(920)322-1144	

Non-Emergency Transportation Services Enrollment

| Provider Name	Effective Date	End Date
LOGISTICARE SOLUTIONS LLC	01/01/2012	09/30/2012

Member Enrollment Verification (Cont.)

- – The Nursing Home Level of Care panel displays the nursing home level of care authorization information for the member and the effective and end dates that the member is authorized to receive care at the facility. The facility may be a nursing home or an Intermediate Care Facility/Mental Retardation (ICF/MR) institution.

- – The Coinsurance panel displays the annual maximum amount (Max Amount) of costshare that the member must pay and the effective and end dates for the coinsurance. Cutback Percentage is the percentage of the allowed amount on the claim to be cut back.

- – The Spenddown panel displays the available balance in the member's case spenddown account.

- – The Lockin panel displays Lock-In information for the period covered by the from date of service and to date of service. The panel shows the category of service for which the Lock-In is in effect, the effective date and end date of the Lock-In, and the provider name and telephone number.

- – The Deductible panel displays a SeniorCare member's deductible amount that must be met before claims can be paid. This panel shows the entire period that the deductible is in effect, rather than just the period covered by the from DOS and to DOS entered.

- • Additional information on performing enrollment verification is available in the Enrollment Verification Portal User Guide.
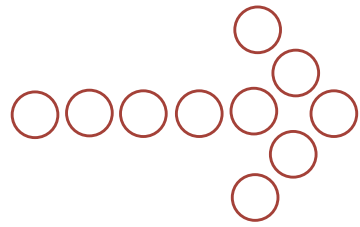
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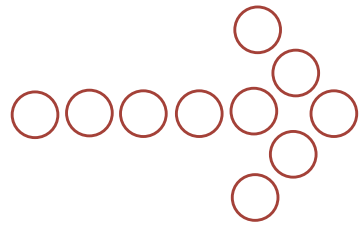
Searching Member Enrollment Verification History

- The Member Enrollment Verification History is available via the Enrollment page of your organization's secure provider Portal account.

- Every enrollment verification search inquiry from the start of interChange to present is saved in the database so users will be able to access all previous requests.

- It will find any request submitted by the practice location for that member within a 30-day date range.

- One of the following combinations of information is required:
  - Verification Tracking Number.
  - Member identification number and Request From Date and Request To Date.

- Single or multiple search results will be displayed and can be viewed by clicking on the result you wish to view.

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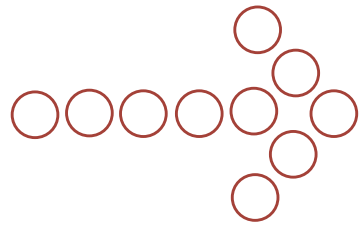
Searching Member Enrollment Verification History (Cont.)

- If only one record is found, the information from the original verification will be displayed.

- If multiple results are found, the search results will be displayed in the Search Results panel.

- Click the result you wish to view, and the original verification information will be displayed.

- The following information will **not** be displayed when viewing a historical response:
  - Medicare identification numbers.
  - Subscriber address.
  - Patient liability amounts.
  - Referral indicator on Lock-In requests.
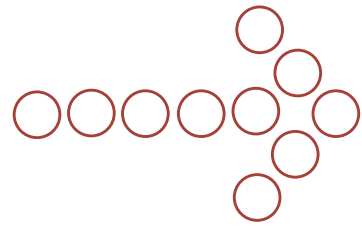 - Third-Party Liability (TPL) policyholder name, date of birth, address, and TPL group number.

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Provider Resources

- ForwardHealth Portal at *www.forwardhealth.wi.gov/.*

- Provider Services at (800) 947-9627.

- WiCall at (800) 947-3544 (formerly known as Automated Voice Response).

- ForwardHealth Portal Helpdesk at (866) 908-1363.

- Electronic Data Interchange (EDI) at (866) 416-4979.

- Provider Relations Representatives.

- ForwardHealth Managed Care Ombudsmen at (800) 760-0001.

- Enrollment Service Center (Member) at (800) 291-2002.

- Member Enrollment at *www.access.wi.gov/.*

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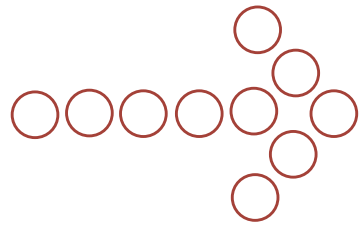
Communications

- User Guides
  - Public Home Page: Providers > Portal User Guides.
  - Secure Portal: Home Tab > Provider icon > Portal User Guides.
- Subscribe to Provider E-Mail Notifications
  - Public Home Page: Providers > Quick Links > Register for E-mail Subscription.
- Secure Messaging.
- RA Banner Messages.
- *ForwardHealth Updates*.
- Portal users may contact ForwardHealth with questions by using the "Contact" tool.
- Providers may register online for upcoming trainings and view Webcasts of previous trainings via the Trainings page of the Providers area of the Portal.

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Questions?

- Now is your chance to ask questions!

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